



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Rainer Moerig et al.

§ Group Art Unit: N/A

SERIAL NO.: 10/082,570

§ Examiner: N/A

FILED: February 25, 2002

§

TITLE: "Method of Noise Removal for
Cascaded Sweep Data"

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§
§

Atty Docket No.: 594-25573-US

BOX DD
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Washington, D.C. 20231

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Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, it is respectfully requested that this Information Disclosure Statement be entered and the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record.

This Information Disclosure Statement is not to be considered as a representation that a search has been made or that no other material information as defined under 37 C.F.R. § 1.56(a) exists.

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 50-1720 (594-25573-US).

Respectfully submitted,

Dated: September 27, 2002

EXT 121

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(to be used for all correspondence after initial filing)

		Application Number	10/082,570
		Filing Date	February 25, 2002
		First Named Inventor	Rainer Moerig et al.
		Group Art Unit	N/A
		Examiner Name	N/A
Total Number of Pages in This Submission	4	Attorney Docket Number	594-25573-US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard; eleven (11) references
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kaushik P. Sriram, Reg. No. 43,150
Signature	<u>KP Sriram</u>
Date	September 27, 2002

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